

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/048226

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	1					
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TOTAL IND.	6					
TOTAL DEP.	9	↔	↔	↔		
TOTAL CLAIMS	15					

RETIRED
A71 MULTIPLE COPY

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.		↓		↓	
TOTAL DEP.		↔		↔	
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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